

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</small>	Attorney Docket No.	1440.2014-003
	First Named Inventor or Application Identifier	Charalabos Pothoulakis
	Express Mail Label No.	EV 052031343 US

22264 U.S. PTD
 10/688194
 101703

Title of Invention: **METHODS OF TREATING INTESTINAL INFLAMMATION**

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:
 Mail Stop Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

1. ☐ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification **Total Pages [32]**
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) **Total Sheets [8]**
☐ Fig. of the Drawings for Publication ☐
☒ No Figure to be Published
4. ☐ Oath or Declaration **Total Pages []**
 - a. ☐ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 C.F.R. 1.63(d))
(for continuation/divisional with Box 17 completed)
 - i. ☐ DELETION OF INVENTOR(S)
 Signed statement attached deleting
 inventor(s) named in the prior
 application, see 37 C.F.R. 1.63(d)(2)
 and 1.33(b).
5. ☐ CD-ROM or CD-R in duplicate, large table or Computer
Program *(Appendix)*

6. ☐ Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. ☐ Computer Readable Form
 - b. ☐ Paper Copy (identical to computer copy)

☐ Pages
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & documents)
☒ Assignee -
 Beth Israel Deaconess Medical Center, Inc.
8. ☐ Power of Attorney ☐ 37 C.F.R. 3.73(b) Statement
9. ☐ English Translation Document *(if applicable)*
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard
13. ☐ Small Entity Statement(s)
- 14a. ☐ Foreign Priority Claim under 35 U.S.C. §119 or 365
- 14b. ☐ Certified Copy of Priority Document(s)
15. ☐ Nonpublication Request *(check parent application)*
16. ☐ Other _____

17. **If a CONTINUING APPLICATION**, check appropriate box; supply the requisite information.
- ☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: PCT/US02/12880
 Prior application information: Examiner: Group Art Unit:
- The entire disclosure of the prior application is considered a part of the disclosure of the accompanying application and is
 hereby incorporated by reference.
(Add standard Related Applications section with incorporation by reference to specification or update same)

18. CORRESPONDENCE ADDRESS

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Submitted by Typed or Printed Name	Doreen M. Hogle	Reg. Number	36,361